



Anjanita Dumas, C.M.C.

City Clerk

Administration Building

304 South Indiana Avenue

Kankakee, Illinois 60901-3904

(815) 933-0480 Fax: (815) 933-0482

Email: citycouncil@citykankakee-il.gov

Website: www.citykankakee-il.gov

INSTRUCTIONS FOR COMPLETING THE SPECIAL EVENT PERMIT APPLICATION

PLEASE READ THE FOLLOWING CONDITIONS BEFORE A REQUEST SHALL BE GRANTED:

- ❖ All applications and attached documentation must be submitted to the City Clerk's office by the Wednesday prior to the City Council meeting date preceding the event.
- ❖ Completion of this form will help to avoid delays in processing. It is important that you follow the instructions and provide clear and accurate information. Submit all necessary documents with this application. You will be notified by letter if the event has been approved. Do not assume that all aspects of the event will be approved; you may be asked to modify your plan based on the availability of services and scheduling of other events. Therefore, you are encouraged not to make any other arrangements for your event until approval from the City Council has been received.

PLEASE CHECK APPROPRIATE BOX

☐ NOISE PERMIT

☐ NEIGHBORHOOD ASSOCIATION

☐ OUTSIDE ENTERTAINMENT

☐ PARADE/MARCH/RUN

☐ PUBLIC DEMONSTRATION

☐ SIDEWALK SALE

☐ STREET CLOSURE

☐ OTHER (PLEASE SPECIFY): _____

TODAY'S DATE: _____

(PLEASE PRINT)

SPONSORING ORGANIZATION/INDIVIDUAL FOR EVENT: _____

NAME: _____

ADDRESS: _____ HOME PHONE: _____

CELL PHONE: _____ EVENT NAME: _____

EVENT ADDRESS (FOR STREET CLOSURES AND NOISE PERMITS ONLY): _____

EVENT DATE, START & END TIME: _____

RAIN DATE (IF ANY): _____

Over

NOISE PERMIT REQUEST

Persons requesting a noise permit for a business must either: (1) submit proof that such person is the true owner of the business; or (2) submit a notarized letter from the owner acknowledging permission for said request.

NEIGHBORHOOD ASSOCIATION PARTIES

In the event of a block party, the organizer of the party must obtain the signatures, addresses and phone numbers of every person on the block, indicating that everyone on the block agrees to the street.

PARADE/WALK/RUN/RALLY/DEMONSTRATION

Please submit proof of insurance with a minimum of \$1,000,000.00 liability coverage, prior to the date of your event naming the City of Kankakee as an additional insured. A map of the parade route must be attached.

Event Route: _____

STREET CLOSURE

Street blockages will only be permitted for churches and/or neighborhood block parties. In the event of a block party, the organizer of the party must obtain the signatures, addresses, and phone numbers of each address on the block, indicating that everyone on the block agrees to the street closure.

STREET(S) TO BE CLOSED, INCLUDING INTERSECTING ROADWAYS:

WHAT HOURS ARE YOU REQUESTING FOR STREET CLOSURE?

OTHER

The undersigned represents the participants in said event and agrees to the conditions of the application and to comply with all applicable ordinances and requirements. The applicant shall be strictly liable for the acts of its agents, volunteers, officers and employees and shall defend, indemnify and hold harmless the City of Kankakee, its officers, agents and employees from any claim, suit or liability.

SIGNED: _____

Office Use Only:

Proof of insurance submitted? ☐ Yes ☐ No

Proof of charitable organization? ☐ Yes ☐ No

Permission letter (noise permit)? ☐ Yes ☐ No

Residents' petition list for street block? ☐ Yes ☐ No

Processed by: _____ Date/Time: _____

☐ Approved ☐ Denied

If Denied Reason for Denial:
